Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC4B Managing State Cases – Provision/Response, Case Closure Reason CFR 303.11(b)(3)(ii)	н	CADER	
			Sent by Initiating or Responding State:	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			This transaction is used to notify the other state that the case has been closed pursuant to <i>CFR</i>	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
			303.11(b)(3)(ii), paternity cannot be established	CSENet 2000 VERSION NUMBER	003
			because a genetic test or a court or administrative process has excluded the putative father and no	TRANSACTION SERIAL NUMBER	Fill as appropriate
			other putative father can be identified.	ACTION CODE	P
			Action by Receiving State:	FUNCTIONAL TYPE CODE	MSC
			Process according to Federal Guidelines.	TXN DATE	Date transaction was created
			Business Usage Recommendation:	CASE ID	Your Case ID
			In the Action Resolution Date field of the Header, enter the date the case was closed. Provide either	OTHER-CASE-ID	Other Case ID
			the NCP SSN or DOB.	ACTION REASON	GSC4B
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC4B		CASE DA	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=C
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICA	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPAN	T DATA BLOCK
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=C

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC4C	Managing State Cases – Provision/Response, Case Closure Reason	Н	CADER
		CFR 303.11(b)(3)(iii)	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code	
			Sent by Initiating or Responding State: This transaction is used to notify the other state the case has been closed pursuant to <i>CFR</i>	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
			303.11(b)(3)(iii), paternity cannot be established	CSENet 2000 VERSION NUMBER	003
			because in accordance with CFR 303.5(b), the IV- D agency has determined that it would not be in the	TRANSACTION SERIAL NUMBER	Fill as appropriate
			best interests of the child to establish paternity in a	ACTION CODE	P
			case involving incest or forcible rape, or in any case where legal proceedings for adoption are	FUNCTIONAL TYPE CODE	MSC
			pending.	TXN DATE	Date transaction was created
			Action by Receiving State:	CASE ID	Your Case ID
			Process according to Federal Guidelines.	OTHER-CASE-ID	Other Case ID
			Business Usage Recommendation: In the Action Resolution Date field of the Header, enter the date the case was closed. Provide either	ACTION REASON	GSC4C
				ATTACHMENTS IND	=N
			the NCP SSN or DOB.	CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description		
MSC	P	GSC4C		CASE DA	ATA BLOCK		
				CASE-TYPE	Fill as appropriate		
				CASE-STATUS	=C		
				CONTACT-NAME-LAST	Your State Contact		
				CONTACT-NAME-FIRST	Your State Contact		
				CONTACT-ADDRESS-LINE-1	Contact Address		
				CONTACT-CITY	Contact City		
				CONTACT-STATE	Contact State		
				CONTACT-ZIP-1	Contact Zip Code		
				NCP IDENTIFICA	ATION DATA BLOCK		
				NAME-LAST	NCP Last Name		
				NAME-FIRST	NCP First Name		
				SSN-1/SSN-2/SSN-3	NCP SSN		
				PARTICIPAN	NT DATA BLOCK		
				NAME-LAST	Participant Last Name		
				NAME-FIRST	Participant First Name		
				RELATIONSHIP	Fill as appropriate		
				PARTICIPANT-STATUS	=C		

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	ISC P	GSC4D	Managing State Cases – Provision/Response, Case Closure Reason CFR 303.11(b)(3)(iv).	HE	ZADER
			Sent by Initiating or Responding State:	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			This transaction is used to notify the other state the case has been closed pursuant to CFR303.11(b)(3)(iv), paternity cannot be	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
			established because: The identity of the biological	CSENet 2000 VERSION NUMBER	003
			father is unknown and cannot be identified after diligent efforts, including at least one interview by	TRANSACTION SERIAL NUMBER	Fill as appropriate
			the IV-D agency with the recipient of services.	ACTION CODE	P
			Action by Receiving State:	FUNCTIONAL TYPE CODE	MSC
			Process according to Federal Guidelines.	TXN DATE	Date transaction was created
			Business Usage Recommendation:	CASE ID	Your Case ID
			In the Action Resolution Date field of the Header, enter the date the case was closed. Provide either	OTHER-CASE-ID	Other Case ID
			the NCP SSN or DOB.	ACTION REASON	GSC4D
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC4D		CASE D	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=C
İ				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFIC.	ATION DATA BLOCK
ĺ				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPA!	NT DATA BLOCK
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=C

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC13	Managing State Cases – Provision/Response, Case Closure Reason CFR 303.11(b)(12)	HE	CADER
			Sent by Initiating or Responding State:	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			This transaction is used to notify the other state the case has been closed pursuant to CFR303.11(b)(12), the IV-D agency documents	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
			failure by the initiating State to take an action	CSENet 2000 VERSION NUMBER	003
			which is essential for the next step in providing services.	TRANSACTION SERIAL NUMBER	Fill as appropriate
			Action by Receiving State:	ACTION CODE	P
			Process according to Federal Guidelines.	FUNCTIONAL TYPE CODE	MSC
			Business Usage Recommendation:	TXN DATE	Date transaction was created
			In the Action Resolution Date field of the Header,	CASE ID	Your Case ID
			enter the date the case was closed. Provide either the NCP SSN or DOB.	OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSC13
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC13		CASE D	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=C
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFIC.	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPAL	NT DATA BLOCK
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=C

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description			
MSC	MSC P G	GSC14	Managing State Cases — Provision/Response, Notice of Intent to Close Case CFR 303.11(c)	HE	ZADER			
			Sent by Initiating or Responding State:	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code			
			This transaction is used to provide the other state a 60 day notice of intent to close a case pursuant to CFR303.11(b)(12).	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed			
						Action by Receiving State:	CSENet 2000 VERSION NUMBER	003
			Process according to Federal Guidelines.	TRANSACTION SERIAL NUMBER	Fill as appropriate			
			Business Usage Recommendation:	ACTION CODE	P			
			In the Action Resolution Date field of the Header,	FUNCTIONAL TYPE CODE	MSC			
			enter the date the case will be closed. Provide either the NCP SSN or DOB.	TXN DATE	Date transaction was created			
			euner the IVCL 55IV of DOB.	CASE ID	Your Case ID			
				OTHER-CASE-ID	Other Case ID			
				ACTION REASON	GSC14			
				ATTACHMENTS IND	=N			
				CASE-DATA-IND	=1			
				NCP-IDENTIFICATION-IND	=1			
				NCP-LOCATE-IND	=0 (Numeric)			
				PARTICIPANT-DATA-IND	Fill as appropriate			
				ORDER-DATA-IND	=0 (Numeric)			
				COLLECTION-DATA-IND	=0 (Numeric)			
				INFORMATION-IND	=0 (Numeric)			
				OVERDUE-IND	=0 (Numeric)			

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC14		CASE D	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFIC.	ATION DATA BLOCK
ĺ				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPA!	NT DATA BLOCK
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSCAS	Managing State Cases – Provision/Response, Change Local Case ID	н	CADER
			Sent by Initiating or Responding State:	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			This transaction is used to provide a new case number to the other state.	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
			Action by Receiving State:	CSENet 2000 VERSION NUMBER	003
			Process according to Federal Guidelines and state procedures.	TRANSACTION SERIAL NUMBER	Fill as appropriate
			Business Usage Recommendation:	ACTION CODE	P
			Provide either the NCP SSN or DOB. Enter the old	FUNCTIONAL TYPE CODE	MSC
			Case ID in the Header and the new Case ID in the Information Data Block.	TXN DATE	Date transaction was created
			information Data Block.	CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSCAS
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=1
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSCAS		CASE DA	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICA	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPAN	TT DATA BLOCK
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSCAS		INFORMATIO	ON DATA BLOCK
				STATUS-CODE	=O (Alpha)
				NEW-CASE-ID	Provide new case ID
MSC	P	GSDEL	Managing State Cases – Provision/Response, Delete Dependent	н	EADER
		Participant B. C.	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code	
			Sent by Initiating or Responding State: This transaction is used to notify the other state that a dependent should be deleted from the Interstate	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
			case.	CSENet 2000 VERSION NUMBER	003
			Action by Receiving State: Process according to Federal Guidelines and state procedures.	TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
		Business Usage Recommendation:		FUNCTIONAL TYPE CODE	MSC
			TXN DATE	Date transaction was created	
			Provide only those Dependent(s) being deleted in Participant Data Blocks. The Participant Status code must equal 'C'. Provide either the NCP SSN or DOB.	CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
			or bob.	ACTION REASON	GSDEL
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSDEL		NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE DA	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICA	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	р	GSDEL		PARTICIPAN	TT DATA BLOCK
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=C
MSC	P GSFIP Managing State Cases – Provision/Response, Change Local FIPS Code Sent by Initiating or Responding State: This transaction is used to notify the other state of a	GSFIP	HE	CADER	
			Sent by Initiating or Responding State:	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
			Action by Receiving State:	TRANSACTION SERIAL NUMBER	Fill as appropriate
			Process according to Federal Guidelines.	ACTION CODE	P
		Business Usage Recommendation: Provide either the NCP SSN or DOB. Provide the new FIPS code in the Header.		FUNCTIONAL TYPE CODE	MSC
			TXN DATE	Date transaction was created	
			new rips code in the neader.	CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSFIP
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSFIP		NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE DA	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICA	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSFIP		PARTICIPAN	NT DATA BLOCK
				NAME-LAST NAME-FIRST	Participant Last Name Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
MSC	P	GSFWD	Managing State Cases – Provision/Response, Notice of Case Forwarding Sent by Initiating or Responding State: This transaction is used to notify the other state that a case has been forwarded to another jurisdiction. The case may be forwarded because the NCP was	Н	EADER
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
			found in another jurisdiction or the Request was directed to the jurisdiction in error	TRANSACTION SERIAL NUMBER	Fill as appropriate
			directed to the jurisdiction in error	ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSFWD

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSFWD	Action by Receiving State:	ATTACHMENTS IND	=N
			Process according to Federal Guidelines	CASE-DATA-IND	=1
			Business Usage Recommendation:	NCP-IDENTIFICATION-IND	=1
			Provide either the NCP SSN or DOB. Provide information as to where the case is forwarded and	NCP-LOCATE-IND	=0 (Numeric)
			an explanation in the Information Data Block. If a	PARTICIPANT-DATA-IND	Fill as appropriate
			new address or employer is found for the NCP, provide this information in the NCP Locate Data	ORDER-DATA-IND	=0 (Numeric)
			Block. If an Order was entered directing/supporting	COLLECTION-DATA-IND	=0 (Numeric)
			this action, provide information in the Order Data Block.	INFORMATION-IND	Fill as appropriate
				OVERDUE-IND	=0 (Numeric)
				CASE DA	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSFWD	SFWD	NCP IDENTIFICA	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
			PARTICIPAN	NT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
MSC	P	Provision/Response, Medical Insurance	н	EADER	
			Addition	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
		Sent by Initiating or Responding State: This transaction is used to notify the other state of medical insurance addition to the NCP policy.	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed	
			Action by Receiving State:	CSENet 2000 VERSION NUMBER	003
			Process according to state procedures.	TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSMAD	Business Usage Recommendation:	TXN DATE	Date transaction was created
			Provide only the Participants added to the policy. If	CASE ID	Your Case ID
			the Participant is a Dependent, enter Dependent- Relation-CP code. Provide either the NCP SSN or	OTHER-CASE-ID	Other Case ID
			DOB.	ACTION REASON	GSMAD
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE DA	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code

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Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSMAD		NCP IDENTIFICA	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				NCP LOCAT	E DATA BLOCK
				INSURANCE-CARRIER-NAME	NCP insurance carrier's name
				NCP-INSURANCE-POLICY-NUM	NCP health insurance policy number
				PARTICIPAN	NT DATA BLOCK
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSMDE	Managing State Cases – Provision/ Response, Medical Insurance Deletion	н	CADER
			Sent by Initiating or Responding State:	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			This transaction is used to notify the other state of medical insurance deletion.	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
			Action by Receiving State:	CSENet 2000 VERSION NUMBER	003
			Process according to state procedures.	TRANSACTION SERIAL NUMBER	Fill as appropriate
			Business Usage Recommendation: Provide only the Participants deleted from the	ACTION CODE	P
			policy. If the Participant is a Dependent, enter	FUNCTIONAL TYPE CODE	MSC
			Dependent-Relation-CP code. Provide either NCP SSN or DOB.	TXN DATE	Date transaction was created
			SSIV OF DOD.	CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSMDE
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSMDE		CASE DA	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICA	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				NCP LOCAT	E DATA BLOCK
				INSURANCE-CARRIER-NAME	NCP insurance carrier's name
				INSURANCE-POLICY-NUM	NCP health insurance policy number

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSMDE		PARTICIPAN	NT DATA BLOCK
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
MSC	P	GSPAD	Provision/Response, Change of Payment	HEADER	
			Mailing Address/Redirect Payment	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			Sent by Initiating State: This transaction is used to notify the Responding	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
		state of a change in the Payment Mailing Address and to redirect payments due to the CP moving into your (the initiating) state and a IV-D case has	state of a change in the Payment Mailing Address	CSENet 2000 VERSION NUMBER	003
			TRANSACTION SERIAL NUMBER	Fill as appropriate	
			opened/reopened	ACTION CODE	P
			Action by Receiving State:	FUNCTIONAL TYPE CODE	MSC
			Process according to Federal guidelines	TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSPAD
				ATTACHMENTS IND	=N

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSPAD	Business Usage Recommendation:	CASE-DATA-IND	=1
			Provide either the NCP SSN or DOB. The	NCP-IDENTIFICATION-IND	=1
			transaction must be case specific, no mass updates.	NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE D	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	New Payment mailing address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description	
MSC	P	GSPAD		NCP IDENTIFICA	ATION DATA BLOCK	
				NAME-LAST	NCP Last Name	
				NAME-FIRST	NCP First Name	
				SSN-1/SSN-2/SSN-3	NCP SSN	
				PARTICIPAN	NT DATA BLOCK	
				NAME-LAST	Participant Last Name	
				NAME-FIRST	Participant First Name	
					RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)	
MSC	P	GSPAY	Managing State Cases – Provision/Response, Change of Payee	н	EADER	
			Sent by Initiating State:	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code	
		This transaction is used to notify the Responding state of a change of CP/Payee due to change in custody of the dependent. Action by Receiving State: Process according to state procedures.	state of a change of CP/Payee due to change in	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed	
				CSENet 2000 VERSION NUMBER	003	
				TRANSACTION SERIAL NUMBER	Fill as appropriate	
				ACTION CODE	P	
				FUNCTIONAL TYPE CODE	MSC	
				TXN DATE	Date transaction was created	
				CASE ID	Your Case ID	

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSPAY	Business Usage Recommendation:	OTHER-CASE-ID	Other Case ID
			List the new CP/Payee in the Participant Data	ACTION REASON	GSPAY
			Block. Provide either the NCP SSN or DOB.	ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	=1
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE DA	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSPAY		NCP IDENTIFICA	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
			PARTICIPAN	NT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
					RELATIONSHIP
				PARTICIPANT-STATUS	=O (Alpha)
MSC	P	GSPUD	Provision/Response, Providing Status Update	н	CADER
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			Sent by Initiating or Responding State: This transaction is used to notify the other state of a	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
			status update or other information, when another	CSENet 2000 VERSION NUMBER	003
			Reason code is not appropriate and free format text is needed to convey information.	TRANSACTION SERIAL NUMBER	Fill as appropriate
			Action by Receiving State:	ACTION CODE	P
			Process according to Federal Guideline	FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSPUD	Business Usage Recommendation:	CASE ID	Your Case ID
			Do not use to send mandatory change notices (case	OTHER-CASE-ID	Other Case ID
			events updates). Explain change in status in Information Data Block. Provide either the NCP	ACTION REASON	GSPUD
			SSN or DOB.	ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	=1
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=1
				OVERDUE-IND	=0 (Numeric)
				CASE DA	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description	
MSC	P	GSPUD		NCP IDENTIFICATION DATA BLOCK		
				NAME-LAST	NCP Last Name	
				NAME-FIRST	NCP First Name	
				SSN-1/SSN-2/SSN-3	NCP SSN	
				PARTICIPAN	PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name	
				NAME-FIRST	Participant First Name	
				RELATIONSHIP	Fill as appropriate	
				PARTICIPANT-STATUS	=O (Alpha)	
				INFORMATION DATA BLOCK		
				STATUS-CHANGE-CODE	=O (Alpha)	
				INFORMATION-TEXT-LINE 1	Fill as appropriate	
MSC	P	GSTYP	Managing State Cases – Provision/Response, Change of Case Type	HEADER		
			Sent by Initiating State:	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code	
			This transaction is used to notify the Responding State of a change in Case Type due to a change in the assignment of rights.	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed	
			the assignment of rights.	CSENet 2000 VERSION NUMBER	003	
				TRANSACTION SERIAL NUMBER	Fill as appropriate	

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSTYP	Action by Receiving State:	ACTION CODE	P
			Process according to Federal Guidelines.	FUNCTIONAL TYPE CODE	MSC
			Business Usage Recommendation:	TXN DATE	Date transaction was created
			The new Case Type should be entered in the Case Data Block. Provide either the NCP SSN or DOB.	CASE ID	Your Case ID
			Data Block. Provide either the INCP SSIN of DOB.	OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSTYP
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	=1
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE DA	ATA BLOCK
				CASE-TYPE	New case type except Non-IV-D
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSTYP		CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICA	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPAN	NT DATA BLOCK
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	SC P GSWKR	Managing State Cases – Provision/Response, Change of Caseworker	н	EADER	
			or Office	LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
			Sent by Initiating or Responding State: This transaction is used to notify the other state of a	OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
			change in caseworker or office.	CSENet 2000 VERSION NUMBER	003
			Action by Receiving State:	TRANSACTION SERIAL NUMBER	Fill as appropriate
			Process according to Federal Guidelines.	ACTION CODE	P
			Business Usage Recommendation:	FUNCTIONAL TYPE CODE	MSC
			Provide either the NCP SSN or DOB.	TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSWKR
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	=1
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSWKR		CASE DA	ATA BLOCK
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICA	ATION DATA BLOCK
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPAN	NT DATA BLOCK
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)